Fax

|  |  |  |  |
| --- | --- | --- | --- |
| To: | FEMA Individuals and Households Program | From: | Applicant First M. Last |
| Fax: | (800) 827-8112 | Fax: | ##### |
| Phone: | (800) 621-3362 | Phone: | ##### |
| Subject: | Housing Assistance Appeal Letter | Date: | Month Day, 2025 |

|  |  |
| --- | --- |
| No. Pages: | \_\_\_\_ (Including Cover Sheet) |

# Comments:

**Applicant Name:**  Applicant First M. Last

**FEMA Registration No.:**  6########

**Disaster No.:**  DR-4860-KY (Kentucky Severe Storms, Straight-line Winds, Flooding, Landslides, and Mudslides)

**Pre-disaster Address:**  Physical address, City, County, KY Zip

**Post-disaster Address:**  Physical address, City, County, KY Zip

**Mailing Address:**  Mailing address, City, County, KY Zip

**Applicant Phone No.:** 606-###-####

**Date of Appeal:** Month Day, 2025

**Attachments**:

1. Signed Release of Information Form
2. Housing Assistance Appeal Letter
3. Statement of No Homeowners Insurance
4. Contractor Estimate from name of contractor or company dated March #, 2025 for $**0.00**

A data cover sheet with red and white text

AI-generated content may be incorrect.

**A close-up of a warning

AI-generated content may be incorrect.**

**Remove this page before submitting**

**Insert signed FEMA Release of Information pages (2)**

FEMA Release of Information form:

<https://www.fema.gov/sites/default/files/documents/fema_form_ff-104-fy-21-118.pdf>

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**Date of Appeal:**  Month Day, 2025

**HOUSING ASSISTANCE APPEAL LETTER**

FEMA,

I, Applicant First M. Last, am appealing the denial/amount that I received for FEMA Housing Assistance, requesting a waiver of the 60-day appeal window, if applicable, and requesting an **additional in-person home inspection**.

I am requesting a waiver of the 60-day appeal window, if applicable, because I retained an attorney for assistance with my FEMA appeal. I have struggled to obtain an itemized home repair estimate due to lack of contractor accessibility and availability in the disaster area.

I am requesting an in-person home inspection because I do not have adequate cell phone service for a remote/virtual damage assessment.

My primary residence was damaged on or about February 14, 2025 by DR-4860-KY (Kentucky Severe Storms, Straight-line Winds, Flooding, Landslides, and Mudslides).I am appealing the decision I received regarding my application for FEMA Housing Assistance.

I obtained an itemized contractor estimate from Contractor Name (Phone: ###-###-####) in the total amount of **$0.00** for materials and labor for necessary home repairs. **IF MULTIPLE ESTIMATES, delete if inapplicable:** I have obtained an additional itemized contractor estimate from Contractor Name (Phone: ###-###-####) in the total amount of **$0.00** for materials and labor for necessary home repairs.

Please reconsider me for the maximum amount of Housing Assistance available to help me repair/replace my home to a safe, sanitary, and habitable condition. Please waive the 60-day appeal window, if applicable, and provide an additional in-person home inspection.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR ELECTRONIC SIGNATURE:**

**/s/ *Applicant First M. Last***

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**STATEMENT DECLARING I DID NOT HAVE HOMEOWNERS INSURANCE COVERAGE**

**AT THE TIME OF THE DISASTER**

I, Applicant First M. Last, did **not** have homeowners insurance at the time of DR-4860-KY (Kentucky Severe Storms, Straight-line Winds, Flooding, Landslides, and Mudslides).

I hereby declare under penalty of perjury that the foregoing is true and correct.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR ELECTRONIC SIGNATURE:**

**/s/ *Applicant First M. Last***

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**Insert contractor estimate(s) here**

**Tip: Write Applicant’s full name and FEMA registration number on the top of each page**

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**FINAL PAGE OF APPEAL**

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